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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>PATENT &amp; TRADEMARK OFFICE</b>  <b>NOV 20 2006</b>  <b>14963</b>	Application Number	09/919,185	
	Filing Date	7/30/01	
	First Named Inventor	Edward B. Boden	
	Art Unit	2155	
	Examiner Name	Victor D. Lesniewski	
Total Number of Pages in This Submission		Attorney Docket Number	END920010019US1

<b>ENCLOSURES (Check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):	
<input type="checkbox"/> Remarks <i>Request for Interview</i>			

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Shelley M Beckstrand, P.C.		
Signature	<i>Shelley M Beckstrand</i>		
Printed name	Shelley M Beckstrand		
Date	17 Nov 2006	Reg. No.	24,886

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Judith A. Beckstrand</i>		
Typed or printed name	Judith A. Beckstrand	Date	18 Nov 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Applicant : Edward B. Boden  
Serial No. : 09/919,185  
Filed : 30 July 2001

Examiner : Victor D. Lesniewski  
Art Unit : 2155

Entitled : System and Method for IP Packet Filtering Based  
on Non-IP Packet Traffic Attributes  
Docket No. : END920010019US1

Commissioner For Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)**

I hereby certify that the following attached correspondence comprising:

Acknowledgment Postcard  
Certificate of Mailing  
Transmittal Form  
Fee Transmittal  
Applicant Initiated Interview Request Form  
Amendment After FINAL

is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

**Mail Stop After Final  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

on 18 Nov 2006.  
(date)

JUDITH A. BECKSTRAND

*Judith A. Beckstrand*

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

**Complete if Known**

Application Number	09/919,185
Filing Date	30 Jul 2001
First Named Inventor	Edward B. Boden
Examiner Name	Victor D. Lesniewski
Art Unit	2155
Attorney Docket No.	END920010019US1

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 09-0465 Deposit Account Name: IBM Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	0	x	= 0	50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	x	= 0			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<100	- 100 = 0	/ 50 = 0 (round up to a whole number)	x 0	= 0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	<u>Shelley M Beckstrand</u>	Registration No. (Attorney/Agent) 24,886	Telephone 276-238-1972
Name (Print/Type)	Shelley M Beckstrand		Date 17 Nov 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Applicant Initiated Interview Request Form**Application No.: 09/919,185  
Examiner: Victor D. LesniewskiFirst Named Applicant: Edward B. Boden  
Art Unit: 2155 Status of Application: Under Final**Tentative Participants:**(1) Victor D. Lesniewski (2) Shelley M Beckstrand  
(3) Edward B. Boden (4) Bunjob Jaroenchonwanit

Proposed Date of Interview: 12/7/06

Proposed Time: 2:00 PM (AM/PM)

**Type of Interview Requested:**

(1) [ ] Telephonic (2) [ ] Personal (3) [ ] Video Conference

Exhibit To Be Shown or Demonstrated: [ ] YES [ ] NO

If yes, provide brief description: \_\_\_\_\_

**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior	Discussed	Agreed	Not Agreed
(1) 103	1	Art Jackowski	[ ]	[ ]	[ ]
(2) 103	1	Lucovsky	[ ]	[ ]	[ ]
(3) 103	40	Fiveash + above	[ ]	[ ]	[ ]
(4)			[ ]	[ ]	[ ]

[ ] Continuation Sheet Attached

**Brief Description of Arguments to be Presented:**

The art references do not teach doing IP packet filtering within the IP layer of the TCP/IP protocol stack on non-IP packet attributes. See rows 4-7 and 17-19 of the table presented in the Amendment after Final.

An interview was conducted on the above-identified application on \_\_\_\_\_.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Shelley M Beckstrand

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Shelley M Beckstrand

Typed/Printed Name of Applicant or Representative

24,886

Registration Number, if applicable